CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

University of California
SEP 26 1930

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Vol. IX, No. 31 September 6, 1930 GUY P. JONES EDITOR

Health Officers Will Meet in Long Beach

The health officers of California will meet in Long Beach October 6 to 8, 1930, for their regular annual conference, which is held in conjunction with the annual convention of the League of California Municipalities. Officially, the health officers constitute the Health Officers' Section of the League of California Municipalities, which is one of the largest sections in the organization. Public health nurses, social service workers and individuals who may be interested in the administration of public health affairs are welcome to attend the sessions as guests of the health officers.

Acute anterior poliomyelitis occupies an important position upon the program for the afternoon of the first day of the convention, Monday, October 6th. On the following day, child hygiene, particularly as related to school health administration and public health nursing, will be stressed. The prevention of infant mortality will also be discussed at the Tuesday session. The itinerant as a typhoid problem and training standards for lay personnel of health departments will also come up for discussion.

The annual dinner will be held Tuesday, October 7th, at the Pacific Coast Club. Surgeon L. L. Lumsden of the United States Public Health Service will make the principal address.

On the concluding day of the conference, trichinosis, registration of vital statistics and tuberculosis will be featured on the program.

Among the guests from outside of the state who will appear on the last day are Dr. J. A. Myers of the University of Minnesota, Minneapolis, who will present a paper upon recent developments in the control of tuberculosis, and Dr. R. J. Stroud, State Superintendent of Health, Phoenix, Arizona, who will give an address entitled "Arizona and Her Itinerant Problem."

Dr. W. B. Coffey, Medical Director of the Southern Pacific Lines, has placed at the disposal of health officers the Better Health and Laboratory Car of the Southern Pacific Company. The exhibits on this car will be demonstrated by Dr. Karl F. Meyer, Director of the Hooper Foundation for Medical Research.

Following is the tentative program for the meeting:

TENTATIVE PROGRAM
HEALTH OFFICERS' SECTION LEAGUE OF CALIFORNIA MUNICIPALITIES
OCTOBER 6–8, 1930

Monday, 1 p.m.

Registration of Members.

Address of Welcome—Hon. A. E. Fickling, Mayor of Long Beach, Dr. George E. MacDonald, City Health Officer, Long Beach.

Report of the Secretary—Dr. W. B. Wells, City and County Health Officer, Riverside.

The 1930 Epidemic of Poliomyelitis—Dr. W. M. Dickie, President, Health Officers' Section, League of California Municipalities; Director, State Department of Public Health.

Discussion by—
- Dr. J. L. Pomeroy, County Health Officer, Los Angeles.
- Dr. George Parrish, City Health Officer, Los Angeles.
- Dr. George M. Stevens, Los Angeles City Health Department.
- Dr. George E. Roth, Los Angeles County Health Department.
- Dr. K. H. Sutherland, Health Officer of Orange County, Santa Ana.

Dr. D. E. Smallhorst, District Health Officer, Glendale.
Dr. J. D. Dunshee, City Health Officer, Pasadena.
Dr. George E. MacDonald, City Health Officer, Long Beach.

Tuesday, 2 p.m.

Child Health.

1. School Health Administration—Dr. Sven Lokrantz, Director, Division of Health and Corrective Physical Education, Los Angeles City School Department.
2. Public Health Nursing in the Schools—Miss Katherine Edwards, Los Angeles County Health Department.
3. The Prevention of Infant Mortality—Dr. Anna Rude, Los Angeles County Health Department.

Discussion by Dr. Olive Cordua, San Diego City Health Department.

4. The Itinerant Laborer as a Typhoid Problem—Dr. J. J. Sippy, District Health Officer, San Joaquin County.

Discussion by—

Dr. Warren F. Fox, Imperial County Health Officer, El Centro.
Dr. Fred T. Foard, A. A. Surgeon, United States Public Health Service, Santa Barbara.

5. Training Standards for Lay Personnel of Health Departments—M. S. Siegel, Director of Personnel of the Los Angeles City Health Department.

6 p.m.—Annual Dinner at Pacific Coast Club, Long Beach. Surgeon L. L. Lumsden, United States Public Health Service to make principal address.

Wednesday, 2 p.m.

1. Trichinosis—Dr. Karl F. Meyer, Medical Director, Hooper Foundation for Medical Research, San Francisco.
2. Discussion by Dr. J. C. Geiger, Professor of Epidemiology, University of California Medical School.
3. Common Faults in Registration—Mrs. M. B. Strassburger, State Registrar, Sacramento.
4. Tuberculosis—Dr. J. A. Myers, University of Minnesota, Minneapolis.
5. Subject to be announced—Surgeon L. L. Lumsden, United States Public Health Service, Washington, D. C.
6. Arizona and her Itinerant Problem—R. J. Stroud, M. D., State Superintendent of Health, Phoenix, Arizona.

Reports of Committees.
Election of Officers.
Adjournment.

Dr. K. F. Meyer, Director of The Hooper Foundation for Medical Research, will demonstrate the Better Health and Laboratory Car of Southern Pacific Railway Company, which has been loaned through the courtesy of Dr. W. B. Coffey, Medical Director of the Southern Pacific Lines.

FOOD AND DRUG INSPECTIONS

During a period of seven weeks, food and drug inspectors have made 1400 inspections of food and drug manufacturing and dispensing places in California. Most of these inspections covered groceries, cafes, soft drink parlors, delicatessen shops, meat markets, bakeries, food manufacturing establishments, bottling plants and similar places. Of the 1400 places inspected, 200 were drug stores.

Recognition of the importance of public health to the welfare of the State and the Nation by all thinking people and the lawmaking bodies who represent their interests is increasing very rapidly. This is an extremely fortunate state of affairs.—*Matthias J. Nicoll.*

STUDY OF INFLUENZA MORTALITY IN SIX EPIDEMICS, 1920-1929

The Public Health Service has recently completed a study of influenza mortality in six epidemics. This study is based on weekly death rates from respiratory diseases recorded as influenza and pneumonia in about 95 cities of the United States during the period 1920–1929.

From January 1, 1920, to the middle of 1929, six epidemics of more or less national extent have occurred in the United States—1920, 1922, 1923, 1926, spring of 1928, and the winter of 1928–29. Judging by the rates in the 95 cities, which seem to be only slightly higher than rates for the country as a whole, these six epidemics caused in excess of the normal or expected seasonal mortality from respiratory diseases recorded as influenza and pneumonia, approximately 250,000 deaths in the country as a whole—a total of nearly one-half as many deaths as occurred in the United States during the great pandemic of 1918–19. About one-fifth of these deaths, or 50,000, occurred during the recent epidemic of the winter of 1928–29, and two-fifths, or 100,000, occurred during the sharp epidemic of the early months of 1920.

Although these six epidemics were more or less nation-wide in extent, the various sections of the United States were by no means equally affected. In the instance of several of the smaller epidemics there appeared to be whole sections of the country that were not affected. On the other hand, certain sections of the country experienced fairly sharp epidemics in years when the rates for the country as a whole did not indicate any influenza-pneumonia deaths in excess of the median weekly rates. An example of this is an epidemic in the west south central cities which occurred in the early months of 1925, a year when the remainder of the country appeared to be relatively free from influenza.

The point of origin and direction of progress of these six epidemics varies a great deal. Nearly every one of them arose in a different section of the country. The 1920 epidemic arose in the east north central section and progressed very rapidly to all other sections of the country. The 1922 epidemic arose in the east, probably in the middle Atlantic section, and the 1923 epidemic arose in the east south central section. The 1926 and the 1928–29 epidemics arose on the west coast, and the little epidemic of the spring of 1928 probably arose in the mountain or west south central section.

The rate of progress across the country varies a great deal in the different epidemics. Considering the 95 cities as a whole, however, there is more uniformity in the length of the epidemic. In 1920 the central half of the deaths occurred in a period of about 16 days. In the epidemics of 1928–29, 1922, and 1926 the central half of the deaths occurred in periods of 21, 22, and 23 days, respectively. In the small epidemic of the spring of 1928 the period was 27 days, and in the epidemic of 1923 the period was 30 days. The 1923 epidemic seems to show the least time-concentration of any of these recent outbreaks. In the case of all the other epidemics the excess rate rose and fell at about the same rate, but in 1923 the rise to the peak was considerably slower than the fall of the curve to the normal level again.

NEW POPULATION ESTIMATES BRING LOWER DEATH RATES

The remarkable growth in the population of California, as revealed in the 1930 census, plays an important part in making lower death rates for this state. The general mortality rate is the number of deaths per one thousand population. Estimates of population for each of the years between 1920 and 1930 were based upon the 1920 census. The 1930 census, which revealed the huge growth of California, has made necessary the making of new annual estimates of population for each year of the past decade. These new estimates make it possible to reveal the true picture of general mortality in California. Instead of a death rate of 14.7 in 1929, as computed upon estimates based upon the 1920 census, the state had a general death rate in that year of 11.9 per one thousand population, as revealed through the use of the population figures based upon the 1930 census.

The following table shows the numbers of deaths for each of the years 1920–1929, together with the old death rates and new death rates. The application of these rates indicates that the general health conditions in California are especially good and that, in spite of the heavy migration of invalids to California, the state's death rate is lower than is the general death rate for many other states in the Union:

	No. deaths	Old rate per 1,000 population	New rate per 1,000 population	Difference
1920	47,124	13.5	13.3	0.2 less
1921	47,379	13.2	12.6	0.6 less
1922	51,968	14.1	13.1	1.0 less
1923	54,416	14.5	13.0	1.5 less
1924	56,754	14.5	12.8	1.7 less
1925	56,707	14.1	12.2	1.9 less
1926	58,742	14.2	12.1	2.1 less
1927	61,430	14.5	12.1	2.4 less
1928	66,249	15.2	12.5	2.7 less
1929	65,363	14.7	11.9	2.8 less

You can not argue a biological problem from the standpoint of pure mathematics without grave danger of falling into error.—*A. Maitland Ramsay.*

SAFETY FIRST FOR BABIES

The year-old granddaughter of a California scientist, whose name is known throughout the entire world, recently lost her life through strangulation in a screened crib or "coop." The infant pushed up the hinged lid of the device with her head and her neck was caught between the raised lid and the top of the vertical side of the "coop." Unable to withdraw the head from this trap the unfortunate child was strangled. Had there been an automatic fastener on the "coop," making it impossible for the child to raise the lid, the accident might have been prevented.

In an effort to prevent the occurrence of similar accidents, the manufacturers of these devices have been requested to place secure automatic fasteners upon all such beds. Pediatricians have also been circularized, with the request that owners of such devices be advised of the potential danger.

Similar accidents to infants have occurred before and it is inconceivable, now, that manufacturers of screened cribs or "coops" should not provide full protection against their further occurrence by the installation of secure automatic fasteners which will make it impossible for an infant to raise the lid from the inside. Parents who own "coops" that are not provided with proper safeguards should, by all means, make certain that they are strangulation-proof. To do so may prevent unnecessary loss of life and agonizing suffering.

Pilgrimages, crusades and crowds have ever supplied the tinder and furnished the match which have started devastating epidemics. Likewise, cities through which have passed streams of humanity and commerce have had to pay for their strategic location, prosperity and culture in greater liability to disease and in increased precaution to protect themselves against pestilences from without and their visitors and neighbors from acquiring plagues endemic within.—*Illinois Health Quarterly.*

MORBIDITY *

Diphtheria.

24 cases of diphtheria have been reported, as follows: Berkeley 1, Los Angeles 5, San Fernando 2, Madera 1, Orange County 1, Fullerton 1, Orange 1, Santa Ana 1, Riverside County 1, Riverside 4, San Diego 3, San Francisco 1, Santa Cruz County 1, Sonoma County 1.

Scarlet Fever.

27 cases of scarlet fever have been reported, as follows: Albany 1, Berkeley 1, Oakland 1, Bakersfield 1, Los Angeles County 2, Azusa 1, Huntington Park 5, Los Angeles 2, Redondo 1, Monterey Park 1, Madera 1, Alturas 1, Santa Ana 2, Sac-

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* From reports received on September 1st and 2d for week ending August 30th.

ramento 2, San Francisco 2, San Mateo 1, Watsonville 1, Stanislaus County 1.

Measles.

44 cases of measles have been reported, as follows: Berkeley 1, Oakland 5, Los Angeles County 2, Glendale 1, Los Angeles 6, Santa Monica 4, Marin County 1, Alturas 1, San Diego 10, San Francisco 5, San Joaquin County 7, Santa Barbara 1.

Smallpox.

5 cases of smallpox have been reported, as follows: Riverside County 1, Sacramento 1, Upland 1, San Francisco 2.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Berkeley 1, Fresno County 2, Bishop 1, Los Angeles County 1, Los Angeles 2, Sacramento 1, San Diego County 1, San Diego 2, San Joaquin County 2.

Whooping Cough.

66 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 1, Emeryville 1, Oakland 3, Fresno County 1, Fresno 1, Los Angeles County 3, Glendale 1, Los Angeles 11, Manhattan 2, Santa Monica 1, Sierra Madre 4, Marin County 2, Orange 2, Riverside 2, San Bernardino 1, San Diego County 4, San Diego 3, San Francisco 7, San Luis Obispo County 4, Santa Barbara 5, Palo Alto 2, Watsonville 3.

Poliomyelitis.

49 cases of poliomyelitis have been reported, as follows: Fresno County 1, Fresno 1, Bakersfield 1, Los Angeles County 2, Glendale 1, Huntington Park 1, La Verne 1, Los Angeles 20, San Fernando 1, Whittier 3, South Gate 1, Larkspur 1, Riverside 2, Ontario 1, San Bernardino 1, San Diego 1, San Francisco 8, San Mateo 1, Sonoma County 1.

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Glendale 1, San Francisco 1, Santa Cruz 1, Sonoma County 1.

Encephalitis (Epidemic).

Santa Ana reported one case of epidemic encephalitis.

Trichinosis.

Santa Clara County reported one case of trichinosis.

Food Poisoning.

Los Angeles City reported 23 cases of food poisoning.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Los Angeles 1, Ontario 1.

NOTE.—Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending Aug. 30 received by Sept. 2	Week ending			Reports for week ending Aug. 31 received by Sept. 3
	Aug. 9	Aug. 16	Aug. 23		Aug. 10	Aug. 17	Aug. 24	
Actinomycosis	0	0	0	0	0	0	1	0
Anthrax	3	1	2	0	0	0	0	0
Chickenpox	30	27	50	21	42	43	35	24
Coccidioidal Granuloma	1	0	0	0	0	0	1	0
Dengue	0	0	0	0	0	0	1	0
Diphtheria	40	43	36	24	31	38	36	28
Dysentery (Amoebic)	2	0	2	2	1	0	6	0
Dysentery (Bacillary)	7	1	2	0	556	1	2	2
Encephalitis (Epidemic)	1	2	0	1	1	0	1	0
Erysipelas	15	8	8	2	8	7	7	9
Food Poisoning	3	31	0	23	0	30	4	13
German Measles	7	2	4	6	5	3	3	5
Gonococcus Infection	187	148	201	109	93	94	115	96
Hookworm	0	0	0	0	0	0	0	0
Influenza	6	1	13	15	8	9	9	7
Jaundice (Epidemic)	1	0	0	0	0	0	0	0
Leprosy	0	0	1	0	0	0	0	0
Malaria	3	3	3	4	5	1	3	2
Measles	92	89	60	44	18	30	23	23
Meningitis (Epidemic)	2	3	6	4	5	8	10	3
Mumps	72	106	93	47	98	115	95	90
Ophthalmia Neonatorum	2	0	0	0	0	0	1	0
Paratyphoid Fever	1	1	1	0	1	60	0	1
Pellagra	2	2	0	2	0	2	2	5
Pneumonia (Lobar)	19	18	20	15	24	25	21	11
Poliomyelitis	59	52	62	49	3	7	11	7
Rabies (Human)	0	0	0	0	0	1	0	0
Rabies (Animal)	12	5	18	7	9	7	12	8
Scarlet Fever	37	29	35	27	76	58	68	48
Smallpox	17	12	10	5	23	15	21	19
Syphilis	188	147	206	135	120	90	163	169
Tetanus	2	0	3	0	2	2	1	0
Trachoma	1	1	3	3	2	0	3	0
Trichinosis	2	0	0	1	0	0	0	0
Tuberculosis	204	176	179	148	188	158	144	227
Tularemia	2	0	0	0	0	1	2	0
Typhoid Fever	26	22	19	13	18	29	20	7
Undulant Fever	2	1	1	2	0	3	3	1
Whooping Cough	116	78	103	66	154	125	161	86
Totals	1,164	1,009	1,141	775	1,491	962	985	891

Food poisoning cases continue to be reported.

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Epidemic poliomyelitis cases are fewer.

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Most of the reportable diseases are at low ebb.

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One case of trichinosis was reported last week.

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